

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-575628

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		3				
16	1					
17	1					
18		1				
19		1				
20		1				
21		1				
22		5				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36	1					
37		1				
38		1				
39		3				
40		3				
41	1					
42	1					
43		1				
44		1				
45		1				
46		1				
47		5				
48		1				
49		1				
50		1				
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	123	←		←		←
TOTAL CLAIMS	131					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						